

# Electronic Visit Verification (EVV)

## Provider-Related Frequently Asked Questions (FAQs) & Answers December 2020

FAQs were updated in December 2020.

### GENERAL EVV QUESTIONS

#### 1. Who is DCH?

The Georgia [Department of Community Health \(DCH\)](#) is the single State Agency designated to administer and supervise the administration of Georgia's Medicaid program. (42 C.F.R. § 431.10). DCH oversees program administration and funding for all Georgia Medicaid services.

#### 2. What is Electronic Visit Verification?

[Electronic Visit Verification \(EVV\)](#) is an electronic system that confirms when Provider visits occur and keeps track of the precise time services begin and end. It ensures that Members receive the services they are authorized to receive. EVV gives Providers, care coordinators, and DCH access to service delivery information in real-time to ensure there are no gaps in care and helps to reduce fraud in home care delivery.

#### 3. Why is Georgia implementing EVV?

In December 2016, the United States Congress enacted the [21st Century Cures Act \(Cures Act\)](#). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. Georgia is implementing EVV to comply with the Cures Act.

#### 4. Could Georgia choose not to participate (opt-out) in the EVV Program?

No, EVV is a congressional mandate for all states.

#### 5. How does implementing EVV benefit Georgia's Medicaid Programs?

EVV systems qualify for enhanced federal Medicaid funding. Failure to comply with the Cures Act could result in incremental reductions in Georgia's Federal Medical Assistance Percentage (FMAP) over the first five years of the mandate. The FMAP provides federal funding for Georgia's Medicaid Program, including PCS and HHCS. A reduction in funding could negatively impact Provider and Member communities. By implementing EVV, Georgia will avoid reductions in federal Medicaid funding.

#### 6. What are the benefits of EVV to Providers?

Benefits to Providers include:

- ❖ EVV helps Providers track individual worker activity, which reduces the likelihood for error or fraud.
- ❖ EVV increases efficiency because collection and tracking of the required information to process claims is automated.
- ❖ EVV improves quality of care by making worker activities transparent and measurable.

#### 7. Can Providers opt-out of or choose not to participate in the EVV Program?

Providers must participate in the EVV Program if they provide Personal Support Services/Community Living Supports through SOURCE, CCSP, ICWP, NOW, COMP or GAPP. To continue to receive payment for providing these services, a Provider's claims must include the



required EVV information. If a Provider's claims do not include the required EVV information, the claim will be denied.

**8. Who is DCH'S contractor for the State EVV Solution?**

Conduent, in partnership with Tellus, will deliver Georgia's State EVV Solution and provide training to Members and Providers.

**9. Who is responsible for paying for EVV?**

DCH will pay for the State EVV Solution, including system implementation, Member and Provider training, and recurring system maintenance and operations fees. There is no charge to Provider agencies for using the State EVV Solution for EVV-required services for Medicaid clients. However, if a Provider chooses to implement an alternative EVV system, any cost associated with the alternative EVV system and the cost to integrate this system with the State EVV Solution will be the responsibility of the Provider.

**10. Can Providers choose to use a different EVV vendor of their choice?**

DCH has chosen to implement EVV using an Open Model. While DCH will offer a State EVV Solution, Providers may choose to use an alternative system provided by another vendor as long as the alternative EVV system (a) meets federal EVV requirements (b) signs and submits the State-required Georgia DCH [Third-Party Attestation](#) and (c) sends the required EVV data to the State EVV system.

**11. What if a Provider is already using an EVV system?**

A Provider can continue to use their current EVV system for PCS if the vendor (a) meets federal EVV requirements (b) signs and submits the State-required Georgia DCH [Third-Party Attestation](#) and (c) sends the required EVV data to the State EVV system.

**12. What is a Data Aggregator?**

DCH elected to implement an Open Model EVV Program which provides the most flexibility to Providers. To support the Open Model approach, the State EVV Solution must provide data aggregation functionality. This functionality receives data from any alternative EVV systems being used by Providers across the State. The Data Aggregator applies standardized business rules to the EVV data received to ensure the data meets necessary standards and generates alerts when these standards are not met so the data can be fixed.

**13. Which Medicaid services will EVV monitor?**

Medicaid-funded **Personal Support Services/Community Living Supports** (CPT Codes T1019 and T1020) for the following waiver programs will be subject to EVV Program requirements:

- ❖ Service Options Using Resources in a Community Environment (**SOURCE**)
- ❖ Community Care Services Program (**CCSP**)
- ❖ New Options Waiver (**NOW**)
- ❖ Comprehensive Supports Waiver Program (**COMP**)
- ❖ Independent Care Waiver Program (**ICWP**)
- ❖ Georgia Pediatric Program (**GAPP**)

Additionally, EVV must be implemented for **Home Health Care Services** (CPT Codes S5125 and S5126) by January 1, 2023.



#### 14. Which services are NOT affected by the EVV Program?

The following services within each Georgia waiver program are NOT affected by the EVV implementation:

##### **Elderly and Disabled Waiver Programs (SOURCE & CCSP):**

- Adult Day Health
- Alternative Living Services
- Emergency Response Services
- Home-Delivered Meals
- Home-Delivered Services
- Out-of-Home Respite Care
- Structured Family Caregiving

##### **NOW and COMP Programs:**

- Additional Residential Staffing
- Adult Nutrition Services
- Adult Occupational Therapy
- Adult Physical Therapy
- Adult Speech and Language Therapy
- Behavioral Supports
- Community Access Services (Individual/Group)
- Community Residential Alternative Services
- Environmental Accessibility Adaptation
- Financial Support
- Individual Directed Goods and Services
- In/Out-of-Home Respite Care
- Intensive Support Coordination Services
- Nursing Services
- Prevocational Services
- Specialized Medical Equipment
- Specialized Medical Supplies
- Support Coordination Service
- Supported Employment
- Transportation Vehicle Adaptation

##### **ICWP Program:**

- Adult Day Services
- Behavior Management
- Counseling Services
- Environmental Modification
- Out-of-Home Respite Care
- Personal Emergency Response System
- Specialized Medical Equipment and Supplies

**Skilled Nursing Services** by Private Home Care Providers will not be impacted by the EVV implementation in 2021. However, EVV will be implemented for Home Health Care Services (including Skilled Nursing Services) by January 1, 2023.

#### 15. What is the mandated deadline for EVV implementation?

The mandated deadline for EVV implementation is January 1, 2020 for Medicaid-covered PCS and January 1, 2023 for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.



**16. When will the use of EVV be required?**

The federal 21st Century CURES Act requires states to implement EVV for personal care services by January 1, 2021. Georgia DCH will begin requiring EVV information before payment starting on July 1, 2021.

In December 2016, the United States Congress enacted the [21st Century Cures Act \(Cures Act\)](#). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. The mandated deadline for EVV implementation is January 1, 2020 for Medicaid-covered PCS and January 1, 2023 for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.

**17. What happens if I do not implement EVV?**

On July 1, 2021, DCH will require EVV information for claims processing and payment. PCS claims submitted without this information will be denied.

**18. What is the CMS Good Faith Effort (GFE) Exemption?**

The Cures Act allows states to delay EVV implementation without penalty for up to one (1) year if the state could demonstrate a good faith effort had been made to comply with EVV requirements, but unavoidable delays had occurred. States are required to submit a GFE Exemption Form Request to CMS to seek approval to delay EVV implementation for their state.

**19. Has Georgia submitted a CMS Good Faith Effort Exemption Form Request?**

Yes. DCH submitted a GFE Request Form on behalf of the State of Georgia on November 8, 2019. CMS approved the request on December 3, 2019, extending the deadline for the implementation of EVV for PCS to January 1, 2021. The deadline of the EVV implementation for HHCS remains unchanged.

Georgia's EVV implementation for PCS is scheduled for July 1, 2021. FMAP reductions will be applied for the first quarter of 2021.

**20. How does the GFE approval to delay EVV implementation until January 1, 2021 affect Georgia's implementation?**

DCH is moving forward with implementation activities and will use the additional year granted by the approval of the GFE request to conduct a pilot and soft launch and ensure all compliant third-party EVV systems are seamlessly integrated with the State EVV Solution. Georgia's updated EVV implementation date for PCS is July 1, 2021.

**21. What is the timeline for deployment?**

The State EVV Solution implementation includes three phases: Pilot, Soft Launch, and Go Live.

The Pilot will begin in early 2021. Providers participating in the Pilot will implement the State EVV Solution and provide feedback to DCH on things that are working well and things that need improvement prior to statewide implementation.

The Soft Launch is scheduled to begin in May 2021. During the Soft Launch, the State EVV Solution will be available to all Provider agencies and aides statewide, but it will not be required for claims processing. The Soft Launch will be a time to cooperatively overcome any initial



hurdles and establish EVV Program processes. DCH and the State EVV Solution Vendor will conduct extensive testing with Providers before the Soft Launch is implemented.

On July 1, 2021, the go-live phase begins. Providers should have the State EVV Solution, or an alternative EVV solution, implemented by this date. DCH will now require EVV information for PCS claims processing and payment.

## **22. How do I sign-up with DCH to use the State EVV Solution?**

Registration information will be made available as soon as possible. Please sign up for the [EVV listserv](#) to receive updates via email.

## **EVV PROCESSING AND TECHNOLOGY QUESTIONS**

### **23. How does EVV work?**

An EVV system electronically confirms that home or community-based service visits occur by keeping track of six points of data:

- ❖ Who receives the service;
- ❖ Who provides the service;
- ❖ What type of service is performed;
- ❖ Place where service occurs;
- ❖ Date of the service; and
- ❖ Time the service begins and ends.

### **24. How will the data points be captured?**

If using the State EVV Solution, the Provider gathers the information at the point of care using either a mobile application on a smart phone or other mobile device, a fixed visit verification (FVV) device, telephony, or manual entry.

### **25. What software will the phone or tablet need to use the State EVV Solution?**

The State EVV Solution's mobile application works with most mobile devices; e.g. smartphones, tablets. All technical specifications are available on the DCH EVV Providers page in a document entitled "Tellus EVV Hardware and Software Requirements" or [linked here for download](#).

### **26. Is telephony an acceptable method of EVV?**

Yes. All EVV systems, including those that use telephony, must be capable of capturing and storing the following mandatory data points:

- ❖ Who receives the service;
- ❖ Who provides the service;
- ❖ What type of service is performed;
- ❖ Place where service occurs;
- ❖ Date of the service; and
- ❖ Time the service begins and ends.

For telephony, the landline phone number associated with the Member is acceptable to verify the location. If there is no landline phone, an FVV device can be used. Telephony verification with the aide dialing in from a cell phone, regardless of whom it belongs to, without any associated FVV device, does not meet the requirements.



The use of telephony and FVV require a Member to apply with DCH in advance of July 1, 2021. More information regarding where and how to apply will be available in advance of the July 1, 2021 go-live date.

**27. Is an FVV device an acceptable method of capturing EVV data?**

Yes. More information will be provided regarding FVV devices soon.

FVV devices, along with other non-mobile application methods, will require a Provider to apply with DCH. Please plan to apply in advance of July 1, 2021, if you know a FVV device or telephony will be required. More information regarding where and how to apply will be available in advance of the July 1, 2021 go-live date.

**28. Can a laptop or desktop be used for EVV instead of a mobile device?**

No. A smartphone or tablet is required for aides to use the Tellus EVV app during visits. The Tellus EVV administrative dashboard is available from a laptop or desktop internet browser.

**29. Will a code or facial recognition be required for employees to clock in and clock out using the State's EVV system?**

If accessing the State EVV system using the mobile app on a smartphone or tablet, a username and password are always required. A personal identification number (PIN), thumbprint, or facial recognition can be used but are not required. If accessing the State EVV system administrative portal from a desktop or laptop computer, users will be required to log in with an email address and PIN.

**30. Do Members have to be at home for EVV visit check-in or check-out?**

No. The State EVV Solution will be able to collect multiple addresses for each Member so aides may verify services rendered in the home, as well as in the community. Therefore, Members can continue to participate in activities in their communities as usual.

**31. Will Georgia be using GPS technology to help capture the required EVV data?**

Yes. The State EVV Solution uses GPS technology to verify services rendered. The State EVV Solution only uses GPS technology (location tracking) upon check-in and check-out when the mobile application is engaged. The EVV mobile application will not continuously track the location of the Provider.

**32. Does the mobile application need to be open the entire time the service is being provided?**

No. The Provider will only need to log in to the mobile application app to check in and to check out.

**33. Will the State EVV Solution have a verification option for Members who are not able to provide a signature confirming the visit took place?**

Yes. The EVV solution will have an option for Members who are not able to provide a signature to confirm the visit took place. Additional details on alternate verification methods will be provided in early 2021.

**34. If the State EVV Solution mobile application is not working, how should the visit be documented?**

An aide can contact their administrator to manually log their visit through the State EVV Solution's administrative portal. A reason code must be entered by the administrator explaining



why the visit could not be captured using the mobile application, telephony, or FVV. A reason code list will be provided as soon as possible.

**35. Can a Provider use the EVV mobile application even if the internet connection is spotty or unavailable?**

The State EVV Solution's mobile application allows for check-ins and check-outs when the device is offline, but the Provider will need to make sure the visit information is pulled up in the mobile application prior to arrival, while there is still a connection. After the visit, once the Provider reaches an area where they have internet access, the service details will be synched with the State EVV Solution Vendor's server.

The State EVV Solution's mobile application will automatically go into "Offline Mode" if the Provider's mobile device is unable to connect to the internet via a cellular or Wi-Fi network, or if the State EVV Solution is unavailable for any reason.

When the mobile application goes into offline mode, it will continue to function normally but will show an "OFFLINE MODE" banner to alert the Provider that the application is offline. If the Provider has previously downloaded their schedule, then they will be able to capture the required EVV data regardless of whether they have internet connectivity.

Most mobile device location services rely on both global positioning services (GPS) and triangulation to cell towers to locate the user with the highest precision but will continue to provide location based only on GPS in the event that cell towers are not available. While the mobile application is in Offline Mode, all visit data will automatically be encrypted and stored locally on the mobile device. When the Provider next connects to the internet, the State EVV Solution's mobile application will automatically upload all visit data that was gathered during offline operation and upload it to the State EVV Solution Vendor's servers.

During offline mode, the only degradation in functionality is that (a) the mobile application cannot download any schedule changes made by the Provider's Billing Administrator, and (b) the Provider's Billing Administrator cannot receive the status of visit check-ins and check-outs made using the mobile application.

**36. Do Providers have to buy aides smart phones or tablets to use the State EVV Solution?**

No. Providers are not required to buy aides smart phones or tablets for EVV. The State EVV Solution offers multiple methods to collect the required EVV data, including:

- ❖ Mobile application (requires a mobile device);
- ❖ Telephony (requires a Member land line);
- ❖ FVV; or
- ❖ Manual entry

DCH will not supply or reimburse for equipment provided to aides. Additionally, Medicaid cannot be used to purchase the devices.

**37. What if Members do not allow Providers to use their landline phone for EVV, and the Provider does not have a mobile device for EVV?**

In those instances when a Member's landline phone is unavailable, the Member and Provider should discuss alternative methods to capture the required data. The use of a mobile device such as a smartphone or tablet can be used. Alternatively, a FVV device may be installed in a Member's home to obtain a random number to check in and out. If a mobile device, landline phone, and



FVV device are all unavailable, manual entry by an administrator may be performed. The aide will write down their visit start and end times and provide it to their agency. The Provider will need to manually input the visit information. Providers must document the reason for the manual visit edit by selecting or using one of the approved reason codes. The State EVV Solution will capture a clear and reportable audit trail of all the manual activity.

The use of telephony and FVV require a Member to apply with DCH in advance of July 1, 2021. More information regarding where and how to apply will be available in advance of the July 1, 2021 go-live date. A reason code list will be provided as soon as possible.

**38. Will Providers need additional staff to manage EVV?**

No. Providers should not need additional staff to manage EVV. It is very important that Providers make sure that both aide staff and office staff are fully trained on and compliant with EVV, which will ensure a smooth and successful EVV implementation for their agency.

**39. Can Provider staff information be imported into the DCH EVV system?**

Yes. Provider staff information can be imported into the State EVV Solution. The State EVV Solution Vendor will assist with this task during implementation activities.

**40. Can Providers continue to use their current scheduling system?**

Yes. Providers can continue to use their current scheduling system. There is a scheduling module within the State EVV Solution that can be integrated with third-party scheduling systems. The third party would transmit visit data reflecting created/scheduled and visit ended (completed, cancelled, etc.) statuses.

**41. Can Provider staff schedules be created in advance and can they be edited afterwards?**

Yes. Schedules can be created in advance, and there are multiple ways to edit them. The State EVV Solution implementation training will cover this topic and many others.

**42. Is my third-party EVV vendor compatible with the State EVV Solution?**

All third-party EVV vendors will need to integrate with the State EVV Solution. The State's EVV Solution Vendor, Tellus, will provide information regarding next steps for system integration and testing. If you are a Provider working with a third-party EVV vendor, please ask your EVV vendor to contact Tellus at [integrations@4tellus.com](mailto:integrations@4tellus.com) as soon as possible for more information.

If you are an EVV vendor working with a Georgia Medicaid Provider, please contact Tellus at [integrations@4tellus.com](mailto:integrations@4tellus.com) as soon as possible for more information.

**43. If I already use an EVV system, where can I find information on how to integrate with the State EVV Solution?**

Third-party EVV vendors will receive information about integrating and testing with the State EVV Solution upon contacting the State EVV Solution Vendor, Tellus, at [Integrations@4tellus.com](mailto:Integrations@4tellus.com).

**44. If I already use an EVV system, will DCH credit me for the cost of that system?**

No. DCH will pay for the implementation of the State EVV Solution, including system implementation, Member and Provider training, and ongoing operations and maintenance. There is no charge to Provider agencies for using the State EVV Solution for EVV-required services for Medicaid clients. Should Providers choose to use an alternative system, this system must integrate with the State EVV Solution. Any costs associated with procuring, implementing, integrating, and/or operating an alternative EVV system is the responsibility of the Provider.



**45. What sort of EVV reports will to the State EVV Solution provide?**

There are a variety of reports available to both the Provider and DCH. DCH will determine which reports will be used to monitor and manage both EVV and home and community-based services (HCBS). Providers will have access to the same data and will be trained on reporting as part of the State EVV Solution implementation training.

**46. Will workers have to log in and out for each personal care task during a visit?**

No. Workers will log in and can choose a broad service code that includes all the tasks performed during the visit.

**47. What happens if a Provider has to do a visit prior to receiving an authorization?**

Visits may occur prior to the care plan being entered in the State EVV Solution. The Provider performing the visit prior to receiving an authorization will still need to collect and provide the required EVV data for the visit. Once the authorization is received in the State EVV Solution, the visit can be confirmed, and the claim will then be submitted to Georgia's Medical Management Information System (GAMMIS).

**48. If a care aide worked a shift that started before midnight and ended after midnight, will there be an impact to how they use EVV? Will they have to report two separate services?**

No. If the aide is using the State EVV Solution's mobile application and the visit spans multiple days, the aide does not need to clock out at midnight or restart the visit the next day. If the aide is using a third-party EVV vendor, the aide will need to reach out to the Provider to confirm their process.

**49. The aide's check-in or check-out location is different from the address on the scheduled visit. For example, the check in was at the Member's doctor's office instead of their home address. What location should be reported on the claim?**

The check in and check out addresses should be the actual address where the shift begins or ends. Understandably, the service may be provided in a location other than the Member's place of residence. It has always been the Provider's responsibility to ensure the care is provided in a safe location desired by the Member.

The State EVV Solution mobile application works using scheduled visits. It is acceptable for care to be completed at a different location than scheduled, but a reason code will need to be added along with an explanation to clarify why this change occurred. A reason code list will be provided as soon as possible.

**50. Will the Provider be able to manually update a visit if the aide forgets to clock in or out? What if the aides have to stay longer than a scheduled visit due to an unexpected incident such as a doctor's visit taking longer than scheduled?**

Manual entry by a Provider administrator due to a missed clock in or clock out is an option, but a reason code will need to be provided to explain why the manual edit was required. The same process would apply for changes to the scheduled visit times. A reason code list will be provided as soon as possible.



**51. Can Providers use the State EVV Solution for other services/programs?**

DCH will pay for using the State EVV Solution for Medicaid clients for the programs and services for which EVV is required. Providers have the option to independently contract with Tellus, the State's EVV Solution Vendor, to use their solution for other services/programs.

**52. Are Providers still required to provide the current HCBS manual documentation when EVV is in place?**

This is a DCH policy decision; therefore, DCH will need to determine if manual documentation will still be required once EVV is implemented. The final decision regarding documentation will be communicated to Providers prior to the EVV deployment.

**53. Is the State going to be measuring Providers a new way?**

The State will continue to measure Providers as they do today. The only additional measurement related to EVV will be whether a Provider is using EVV as instructed for all Medicaid-funded home care visits.

**54. Are Providers able to use the State EVV Solution for non-Medicaid clients?**

Providers must contract separately with Tellus to use the EVV solution for non-Medicaid clients.

## EVV PROVIDER SYSTEM TRAINING

**55. What is the timeline for training and education on the EVV system?**

DCH sought input from Providers by survey, Provider network workgroup meetings, public forums, email communications, etc. to gain information to assist in designing the State EVV Solution and learning Provider preferences for training and education.

- ❖ EVV training will take place in early 2021;
- ❖ Providers will be able to access their EVV accounts once they have completed training;
- ❖ Providers, who have provided their contact information, will receive regular implementation updates; and
- ❖ Providers should check DCH's EVV website regularly for updated information about training and other important implementation news.

**56. If a Provider chooses to use the State EVV Solution, will the Provider receive training?**

Yes. Any Provider required to use EVV who chooses the State EVV Solution will receive training from the State EVV Solution Vendor. More information about training will be distributed soon. Please sign up for the [EVV listserv](#) to receive updates via email.

**57. How will Providers be trained on the State EVV Solution?**

The State EVV Solution Vendor will provide all training. Online classroom and independent, self-paced training will be available. Training will also include printable reference materials, simple user guides, and tips and tricks. Each Provider should require key staff to attend a training session to ensure all staff are ready to use EVV. A training schedule will be shared as soon as possible and when available, training information can be found on the [DCH EVV Events webpage](#).



## EVV BILLING AND CLAIMS PROCESSING

### 58. How will the State EVV Solution work with the GAMMIS, Georgia's MMIS system?

The State EVV Solution system will receive Member data from GAMMIS. Claims will continue to be submitted directly to GAMMIS, where Providers can view the status of claims.

### 59. How do Providers know if their claims were accepted or rejected?

Providers will continue to use the same process they use today to determine if claims have been accepted or rejected. There should be few rejected claims since the State EVV Solution makes sure claims include all the required data prior to submission. If a claim is rejected, Providers will receive training on how to resubmit claims through the State EVV Solution.

### 60. Will Providers be able to submit claims the current way (web portal) after EVV is in place?

No. Providers will not be able to submit claims via the Web Portal for the EVV-required services. The EVV system allows Providers to submit claims via an electronic 837 claim. Providers may continue to use the web portal or submit electronic 837 claims for services not included in the EVV system.

### 61. Where should Providers check for status updates of submitted claims?

Providers can continue to view the status of claims by using the GAMMIS portal's claim inquiry function or by viewing their remittance advice(s).

### 62. How will Providers receive remittance advice?

There will be no changes to the process that is currently in place today.

### 63. Do I have to change the frequency I bill due to EVV?

No. The Georgia Medicaid Program's required billing frequency will not change due to the EVV implementation.

The State EVV Solution has the capability to submit claims at any frequency that best suits a Provider's business needs.

## PRIVACY

### 64. With whom will DCH share data collected by the EVV solution?

The data captured in the State EVV Solution belongs to DCH. DCH will share claims information with the Department of Behavioral Health and Development Disabilities (DBHDD) as the operating agency for the NOW and COMP waiver programs. All other requests for EVV data must be submitted to DCH and may be approved or rejected at DCH's discretion.

### 65. What protections are available for HIPPA information on the cloud-based system?

All data is encrypted, and no data is stored on any portable device.

### 66. Who do Providers call if they have a question or complaint about EVV?

Providers should direct their general EVV Program question(s) or concern(s) to the DCH EVV email address: [evv.medicaid@dch.ga.gov](mailto:evv.medicaid@dch.ga.gov). Questions or complaints regarding the use of the State's EVV Solution can be directed to the EVV Solution Vendor's helpdesk. The helpdesk contact information will be prior to the State EVV Solution being implemented.



---

The FAQs include the most common EVV questions received by DCH that are related to Providers. DCH monitors all questions received and frequently updates the FAQs, so please check the DCH EVV website regularly for new information!